APPLICATION FOR RENEWAL OF: MARYLAND BOARD OF PAPPLICATION FOR RENEWAL OF: PHARMACIST LICENSE PLEASE MAKE CHECKS PAYABLE TO: THE MARYLAND BOAD	STATUS BOX
CONTINUING EDUCATION REQUIREMENTS: You are required by law to Continuing Education Programs before your Renewal License can be issue	participate in hours of 2. Amount Rec
Return this Renewal Application & Fee by: No License wi	Il be issued before: 4. Date Printed
TOTAL DUE: S (Includes license and Maryland Health Car	re Commission Containment fees) 5. Date Mailed Application Pending a. Awaiting CE Form b. Awaiting Signature c. Awaiting Fee d. Awaiting Disciplinary Issues
	6. Awaiting Board Approval 7. Date Returned to Applicant 8. Date Rec. Back to BD
This is the only renewal notice you will receive. Your application and fe cannot work after this date if your application is postmarked less than 1 not been renewed. If your application is postmarked 14 or more days b practice until the Board notifies you of the status of your renewal applicadional fee if your application is postmarked after the expiration date	14 days before your current license expires and your license has before your current license expires, then you may continue to cation. You will be required to reinstate your license and pay an
ONLY COMPLETE SECTIONS WITH CHANGES. LAST NAME AND GENERATIONAL INDICATOR (Jr. III etc.)	1. Social Security Number
FIRST NAME AND MIDDLE NAME/INITIAL	2. Date of Birth Month Day Year
ADDRESS	
CITY STATE ZIP COD	3. Race 1. White/Caucasian 2. Black/African American 3. American Indian/Native Alaskan 4. Sex 1. Male 2. Female 3. American Indian/Native Alaskan 4. Asian
	5. Hispanic/Latino 6. Other
5. Primary Location of Practice?	7. Native Hawaiian/Pacific Islander 6. Residence?
ZIP CODE COUNTY 01 Allegany 14 Kent 02 Anne Arundel 15 Montgomery 03 Baltimore City 16 Prince George's 04 Calvert 17 Queen Anne's 05 Carolina 18 St. Mary's 06 Carroll 19 Somerset 07 Cecil 20 Talbot 08 Charles 21 Washington 09 Dorchester 22 Wicomico 10 Frederick 23 Worcester 11 Garrett 12 Harford 25 District of Columbia 13 Howard	ZIP CODE COUNTY 01 Allegany 02 Anne Arundel 03 Baltimore City 04 Calvert 05 Carolina 06 Carroll 07 Cecil 08 Charles 09 Dorchester 10 Frederick 11 Garrett 12 UOUNTY 14 Kent 15 Montgomery 16 Prince George's 17 Queen Anne's 18 St. Mary's 18 St. Mary's 20 Talbot 20 Talbot 21 Washington 22 Wicomico 23 Worcester 24 Baltimore County 15 Harford 26 Other
7. Places of Employment? a.	8. Employment Status 9. Primary Employer 1. Full-time (35 Hrs. or More) 2. Part-time (35 Hrs. or Less) 3. Unemployed 4. Retired 5. Other 01. Private Sector - Profit 02. Private Sector - Non Profit 03. Federal Gov't - Military 04. Federal Gov't - Non Military 05. State Gov't 06. Local Gov't 07. Self Employed 08. Other

10. Employer Tel. No. 11. Employer Fax 12. Employer Name & Address 13. Maryland Pharmacy Permit #	17. Maryland Graduate 1. Yes 2. No 18. Year of Graduation 19. Other States or Jurisdictions Licensed as a Pharmacist? a	
14. No. of years active in your profession?	c. d. 20. Licensed in another Profession?	
15. Last year of active practice?	1. Yes 2. No	
16. Previous Residence Since Last Renewal	If yes, indicate the profession	
1. Maryland 2. Out of State		
SINCE YOUR LAST REGISTRATION: FOR THE FOLLOWING, CHECK THE BOX YES, OR NO NEXT TO EACH QUESTION.		
YES NO 1. Have you been addicted to the use of drugs or alcording impaired? (You may respond no if you are currently committee recognized by the Board.)	hol with the result that your ability to practice your profession has been in compliance with a contract with the pharmacist rehabilitation	
2. (a) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?		
(b) Have you surrendered or failed to renew a license in any State?		
3. Are there any outstanding complaints, investigations or charges pending against you in any State by any Licensing or Disciplinary Board for a comparable body in the Armed Services?		
4. Have you had a physical or mental illness that currently impairs your ability to practice your profession?		
5. Have you pled guilty, nolo contendre, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)?		
6. Have you pled guilty, nolo contendre, or been convicted of, or received probation before judgement for a traffic offense involving the use of alcohol, drugs or controlled dangerous substances.		
7. Has any hospital or related healthcare institution or employer denied you privileges or employment, denied any application for privileges or employment, failed to renew your privileges or contract or limited, restricted, suspended, revoked, or terminated your privileges or contract for any reason related to your practice?		
8. Have the conditions of your employment been affect for any reason related to your practice?	ted by any termination of employment, suspension, or probation	
9. Has a malpractice suit been filed against you or has	a claim for damages been settled or awarded against you?	
ATTACH A DETAILED EXPLANATION FOR EACH QUESTION CIRCLED YES.		
I certify that I have earned the required hours of Continuing Education. I affirm that the information I have given in answer to these questions are true and correct to the best of my knowledge and belief.		
Date: Signature:		